

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033319

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 892

STATE FILE NUMBER

FILED SEP 9 1963

1. PLACE OF DEATH

a. COUNTY

ST. CHARLES

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. CHARLES

Length of stay in 1b

1 1/2 HRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ST. JOSEPH'S HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

ST. CHARLES

c. CITY
OR
TOWN

ST. CHARLES

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

2006 WEST ADAMS

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

JOHN

HENRY

WALTER

4. DATE
OF
DEATH

AUG.

27

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

15 DEC. 1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAIL CARRIER

10b. KIND OF BUSINESS OR INDUSTRY

POST OFFICE

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOHN HENRY WALTER

13b. MOTHER'S MAIDEN NAME

SARAH JOSEPHSON

14. NAME OF HUSBAND OR WIFE

LORENE S. WALTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

YES

WW I

NO.

17. INFORMANT

81 LORENE S. WALTER, ST. CHARLES, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 HRS

DUE TO (b)

Arteriosclerotic Coronary Artery Dis.

11 YRS

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/8/61 to 8/27/63 and last saw him alive on 8/27/63

Death occurred at 11:20 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

St. Charles, Mo

22c. DATE SIGNED

8/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

31 AUG. 1963

23c. NAME OF CEMETERY OR CREMATORY

ST. CHARLES MEM. GARDENS

23d. LOCATION (City, town, or county)

ST. CHARLES, MO.

24. FUNERAL DIRECTOR

ADDRESS

PRINSTER-BAVE F. H. ST. CHARLES, MO.

25. DATE RECD. BY LOCAL REG.

Aug. 30-1963

26. REGISTRAR'S SIGNATURE

Malcolm Stewart

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10928

20928

3

4 0

5 1

6

7 0

8 1

9420.1

10

11

12 1-0

13 5-0

SEP 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Frederic M. Bane

Licensed Embalmer No. 4607

P. O. Address So. Chalky mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.